

Fee Processing

(For Petitions Use Only)

App. No./Pat No.
09/980352
Paper Rec'd Date
3/14/03
Form Completed

Check Amt. #1

Check Amt. #2

Deposit Acct.
13-3080

Fee Code	Fee Amt.	Paper #
2617	\$65.00	

Credit Card ☐ (See attached)

Refund ☐ (See attached)
 (PTO Employee - please circle the code(s) and amount(s) to be refunded/credited)

Change App No./Pat. No. ☐

From

To

Change Fee Code ☐

From Code	Amount

To Code	Amount	Paper #

Special Instructions:

\$65 FOR OATH/DECLARATION

PHILLIP GAMBER
 Initials (PTO Employee)

 Initials (Contractor)

 Date Processed

PLEASE REMOVE THIS FORM BEFORE SENDING FILE OUT OF THE OFFICE OF PETITIONS